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# Rockland County YMCA Waves Swim Club

Join our Swim Club for the Winter 2020 Session

March 3<sup>rd</sup> - April 23<sup>rd</sup>

Swim Club is for ages 8-17, for those who have successfully completed stage 4 of our swimming program and want to prepare for swim team or love swimming, but do not have time to commit to a swim team.

*If you have not participated in Swim Club before you must contact the Aquatics Department for approval.*



**Swim Club (Ages 8 -17)** - Tuesdays & Thursdays 5:15<sub>pm</sub>-6:00<sub>pm</sub>



<b>One Day a week</b> <small>(Choice of Tuesday or Thursday)</small>	<b>Two Day a week</b>
<b>Session Fee:</b> \$125	<b>Session Fee:</b> \$250

registration only for members\*

**For more information, contact:**

James Mullen, Aquatics Director: (845) 643-3057

Lisa Tkach, Assistant Aquatics Director: (845) 643-3052



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# SWIM CLUB REGISTRATION

## Student Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ 2 day a week \$250: \_\_\_\_\_ 1 day a week \$125: Tuesday \_\_\_\_\_ Thursday \_\_\_\_\_

Have you done Swim Club before? Yes \_\_\_\_\_ No \_\_\_\_\_

## Parent Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address (Please Print Clearly): \_\_\_\_\_

## Policies:

No make up/credit or refunds are offered for missed/cancelled classes. Non-attendance for any reason does not warrant refunds or a make up class.

## Auto Renewal:

\_\_\_\_\_ By initialing here I agree that Swim club enrollment will automatically renew at the end of each term for a further term of 2019-2020 school year unless the party gives written notice of termination at least 2 weeks prior to the end of the relevant term. Agreement to auto renewal will provide the member a 5% discount of all auto-renewed sessions. Charges will occur the final Tuesday of the current session.

## Permissions:

\_\_\_\_\_ I understand a parent or guardian 18 or older must accompany each swimmer and stay in the building for the entire lesson if the child is under the age of 13.

\_\_\_\_\_ In the event that I, or my emergency contacts, are not able to communicate or cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA to properly treat the participant. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

\_\_\_\_\_ The named participant is physically sound, having medical approval to participate in the activities of the YMCA. This information is correct as far as I know, and the person here in described has permission to engage in all prescribed program activities except as noted.

\_\_\_\_\_ In consideration of the named participant's participation in the activities of the Rockland County YMCA, I hereby agree to hold \_\_\_\_\_ free from any and all liability the YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with the named participant's participation in any of the activities of the YMCA.

\_\_\_\_\_ Yes, I give permission for the Y to use my child's photograph for public relations and/or marketing purposes.

**I have read and will abide by the above stated policies and my signature confirms my acceptance.**

Signature of Adult: \_\_\_\_\_

Date: \_\_\_\_\_